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|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/789,639 | FILING DATE<br>02/25/2004<br><br>RULE | CLASS<br>292 | GROUP ART UNIT<br>3676 | ATTORNEY DOCKET<br>NO.<br>4311CN |
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## APPLICANTS

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CB

## \*\* CONTINUING DATA \*\*

None CB

## \*\* FOREIGN APPLICATIONS \*\*

None CB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 05/20/2004

|   |                               |                        |                       |                            |
|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <u>[Signature]</u> Initials <u>CB</u>   |                               |                        |                       |                            |

## ADDRESS

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## TITLE

Presser bar device for exit door

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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